



Vacation Request for: \_\_\_\_\_

Position:  Instructor  Program Director  Front Desk

Date(s) Requested: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Date Submitted: \_\_\_/\_\_\_/\_\_\_

- For staff that normally work 10 hours or more per week, vacation requests **must be submitted 4 weeks** prior to vacation days.
- For staff that work less than 10 hours per week, vacation requests **must be submitted 2 weeks** prior to vacation days.

An Instructors Responsibility is to Create Students, Motivate Them to Become Black Belts, and Build Leaders.

Staff Requesting Time off Signature: \_\_\_\_\_ / /

Supervisor Approval Signature: \_\_\_\_\_ / /

- Supervisor: Verified coverage is adequate before signing.

**MANDATORY: Coverage (use additional pages as necessary)**

DATE	NAME(s)	SHIFT TIME
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____

- Employee is responsible for making 3 copies of this completed and signed form – Original to be kept in employee file, copy for employee, copy for School Manager
- Entered into Sling App